

Kentucky IMPACT
Service Plan
(Insert Region)

Meeting Date _____

Demographics

Child's Name _____ Date of Birth _____ Service Coordinator _____ Phone _____

Date of Next Meeting _____ Time _____ Location _____

Child & Family Strengths

Child & Family Needs/Areas to be developed

Projected Graduation Date from KY IMPACT Program _____

Graduation Goal

Goal # ____: _____

Task/What	Who	When	Outcome/Comments

Goal # ____: _____

Task/What	Who	When	Outcome/Comments

Goal # ____: _____

Task/What	Who	When	Outcome/Comments

Goal # ____: _____

Task/What	Who	When	Outcome/Comments

Child's Name _____

Safety Plan

What behaviors occur before a crisis?

Steps for addressing a crisis

<u>Step One</u>	<u>Step Four</u>
<u>Step Two</u>	<u>Step Five</u>
<u>Step Three</u>	<u>Step Six</u>

Meeting Participants

Name/Agency/Role	Name/Agency/Role

Progress / Goals Completed to Date

Child's Name _____
